

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/573,522

FILING DATE

3.23.06

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1-		1-		
3		1-		1-		
4		1-		1-		
5		1-		1-		
6		1-		1-		
7		1-		1-		
8		1-		1-		
9		1-		1-		
10		1-		1-		
11		1-		1-		
12	1		1			
13	1		1			
14		1-		1-		
15	1		1			
16	1		1			
17		1-		1-		
18		1-		1-		
19		1-		1-		
20		1-		1-		
21		1-		1-		
22	1		1			
23	1		1			
24	1		1			
25		1-		1-		
26	1		1			
27	1		1			
28	1		1			
29		1-		1-		
30		10		10		
31		1-		1-		
32		1-		1-		
33		1-		1-		
34		1-		1-		
35		1-		1-		
36		10		5		
37	1		1			
38		1-		1-		
39	1		1			
40		5		5		
41		1-		1-		
42		1-		1-		
43		1-		1-		
44		10		5		
45						
46						
47						
48						
49						
50						
TOTAL IND.	13	↓	13	↓		↓
TOTAL DEP.	44	←	52	←		←
TOTAL CLAIMS	57		65			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						